The Massachusetts Commission on the Status of Women
Boston Public Hearing
February 28, 2007, 5:30 – 7:00 p.m.
Urban League, Roxbury

Hearing Minutes

Attendees: Vivian Berlin, Sarah Briggs, Barbara Bullette, Winona Campbell, Shirley Carrington, Lula Christopher, Shaleice Goodman, Norma Hunter-Smith, Jennease Hyatt, Mia Imani, Gwendolyn Jones, Nisa Lawson, Evelyn Murphy, Denise Perrault, Leah Randolph, Patricia Shaheed, Marie Turley, Alicia Wilkerson,
Elected Officials: Representative Gloria Fox, Senator Dianne Wilkerson
Commissioners: Linda Cavaioli, Gloria Coney, Lianne Cook, Kathleen Casavant, Helen Corbett, Donna Finneran, Marianne Fleckner, Catherine Greene, Elizabeth Houlihan, Susana Segat, Greer Swiston
Staff: Jill Ashton, Linda Brantley, Paula Daddona, Darlene Kelter, Lucinda Kallis-Hilbert, Intern

Welcome

The hearing commenced at 5:48 p.m. with Chair Houlihan's call to order. She welcomed the attendees and provided a brief overview of the Commission's work on pay equity. She noted that the Commission will document the testimonies given and report the findings to the legislature and other interested organizations. Chair Houlihan went on to introduce Marie Turley of the Boston Women's Commission.

Marie Turley spoke about the work of the MCSW and the Boston Women's Commission. She outlined the histories of the Commissions and their legislative responsibilities. She then introduced Evelyn Murphy and spoke briefly about her book *Getting Even: Why Women Don't Get Paid Like Men and What to do About It.*

Chair Houlihan began the introductions of the Commissioners. Commissioner Coney introduced Senator Dianne Wilkerson, who outlined Senator Chandler's *An Act to Authorize the Human Resources Division to Undertake a Study of the State's Job Classification System*. Representative Fox addressed the wage disparities among women of color and the inequities women face in advancing economically. She noted that the public hearing was an appropriate segway out of Black History Month and into Women's History Month.

Evelyn Murphy commended Executive Director Linda Brantley for her commitment to bring pay equity to the forefront of the Commission's political agenda. She outlined the current wage gap in Massachusetts and noted that African American women understand wage inequities in a way white women do not. She recommended that women must talk about their wages with one another and hold employer's accountable for the outright discrimination they have against women and women's work.

Testimony

Jennease Hyatt of the AIDS Action Committee Prevention Program began by outlining three necessary changes that must occur to help women with HIV/AIDS. She noted that there is a perception that middle class women of color are not at risk for infecting HIV/AIDS, and that they are not educated in the same way as lower class women of color about the risks and dangers of the disease. Thus, middle class women of color are becoming infected at a silent and alarming rate. She recommended that health care providers of middle class women of color should be mandated to talk about HIV/AIDS with their patients and that education programs should target middle class women of color. She then discussed the need for comprehensive detox services. She explained that women are exiting detox programs without the necessary tools to remain sober and without assistance to secure housing, employment, education, and child care services. Ms. Hyatt noted that the rebound rate for women completing detox programs is high because the proper support and assistance are not made available to them upon leaving. The third issue Ms. Hyatt spoke about was the need for culturally competent high quality health care. She noted that the clients she serves are often times forced to visit community health centers that do not offer the same quality care as private doctor's offices, and they lack the cultural sensitivity to best care for the various races and ethnicities they serve. Hersubmitted testimony is included at the end of this report.

Denise Perrault, a University of Massachusetts Boston student, identified herself as a victim of domestic violence and a divorced mother of one son. She spoke about the difficulties single mothers with low incomes have in accessing affordable housing and educational opportunities after they become divorced, and that women escaping domestic violence situations have an even more difficult time because they often have to give up their employment or source of income and escape to shelters or, as in her case, become homeless. She noted her difficult experience with trying to access affordable housing and that communities are violating fair housing laws set forth by the Fair Housing Act and HUD Family Law.

Ms. Perrault also noted her difficulties with the child support debit card issued by the Department of Revenue. She noted that the $1.50 fee is charged when child support recipients use the card is unfair to women with lower incomes and that it only benefits the bank and the Department of Revenue. Ms. Perrault also noted that an increase in the minimum wage is necessary in order to help families support themselves, and she has contacted Senator Kennedy in the past about this issue.

Patricia Shaheed, a member of Women's Circle, spoke about her experience with drug and alcohol addiction. With the help from treatment at Women's Circle, she has been sober for approximately two months. She expressed that there is a need for more treatment and counseling programs for alcohol and drug addiction specifically designed for women. She also expressed that detox programs often do not assist women after they have been released, and that more programs and support services need to be in place in order to assure women remain sober.

Alicia Wilkerson, a single mother of three and survivor of domestic violence, turned to drugs to cope with her husband's violence. She noted that there was very little support in

the community of Roxbury to help women escape domestic violence situations. She eventually called a hotline to escape her abusive husband, and was relocated to a shelter and received the assistance she needed to recover from drug abuse and leave her abusive husband. As a survivor, she noted that she would like to see more community based programs to help women in domestic violence situations escape their abusive partners, and once they have escaped, more programs need to be put in place to help single mothers, such as child care, education and job training, and health care.

Norma Hunter-Smith introduced herself as HIV-positive and a recovering alcoholic. She spoke about her experiences with addiction and how she made several attempts in the past to become sober, yet every time she exited a detox program she never managed to stay sober. She expressed the need for after care services for women in detox programs, and that the government must spend more money helping women and their families get the services they need to survive, such as child care and housing.

Leah Randolph, director of Women's Circle and Gifford House, a residential program for women, remarked that she was attending the hearing to represent the recovery community and women of African ancestry. Gifford House is the only residential treatment program for women recovering from addiction in the Roxbury/Mattapan area, and there are only fourteen beds available at one time. She currently turns away ten to fifteen women in need every two weeks. Ms. Randolph noted the lack of residential programs for women "clearly shows that we don't have the right tools to help women get the care and treatment they need." She also noted that the lack of after care when women are released from jail leads to substance abuse, untreated mental health issues, and domestic violence issues. Many times women have difficulty finding jobs because they have a CORI. She asked the attendees of the hearing to consider how everyone can work together to change the direction of the community.

Francine, an African American woman, spoke next about her experience with employment discrimination five years ago. She worked as a truck driver at a courier company where she was the only woman. All of her co-workers and managers were white males and she experienced "inequalities as far as pay and working conditions," and felt "isolated, threatened, and forced to do things to keep my job." She explained her situation as unusual because she is a six-foot-one-inch tall woman and drove trucks that "she couldn't fit into." As a result, she was forced to keep her legs open for many hours a day while she worked, and eventually tore the ligaments in her knees. She complained to her manager about her health conditions, and she reported that her manager claimed her torn ligaments were her fault. She eventually brought her case to the Massachusetts Commission on Discrimination in 2006, who reportedly could not be of assistance with her case. She reported that she recently filed a federal law suit.

Shaleice, a teen educator and advocate, spoke about the issues facing teens in the Roxbury area. She remarked that teen pregnancy and prostitution rates, as well as the teen jail and murder rates, are skyrocketing as a result of broken and dysfunctional homes. She explained that the teens she works with do not receive love or stability from

their homes, and they often turn to sex and violence to belong and "fit in." Shaleice noted that her "generation is so cold and scared," and that "girls are lost and need help."

Mia Imani testified on behalf of creating more organizations and programs to help young girls. She created the "Rites of Passage" Program in 1996 to help young black women learn etiquette, black history, and give them a place to go after school and on weekends. She noted that many young women are being raised by absent or uninvolved parents or by elderly grandparents who are unable to "keep up with the pace of today's generation." She remarked that more programs, as well as more funding for existing programs are necessary to help give young women a safe place.

Irvine Goldsteen spoke very briefly and noted that solutions need to come back into the hands of the community, not in the hands of governmental leaders.

Shirley from Boston Connects and the Empowerment Zone spoke about her organization and how she can help women in the community find resources for employment and education opportunities. She also noted that she can help women earn their GED and she distributed packets about opportunities offered through Boston Connects and the Empowerment Zone.

Written testimony was submitted.

Adjourn
Chair Houlihan adjourned the hearing at 7:10 p.m.

Appendix
Written Testimony

Testimony by **Jennease Hyatt B.S.**
Prevention Program Coordinator for the AIDS Action Committee

Members of the commissions, thank you for allowing me to speak today.

My name is Jennease Hyatt and I run the R.I.S.E. (Reaching and Impaction Sisters through Education) HIV prevention program for women of color at the AIDS Action Committee. The program has three goals: to increase HIV/AIDS education among women of color, provide access to free and confidential HIV testing, and to connect women who test positive to care. To achieve our goals, the R.I.S.E. program is designed to address the various HIV/AIDS needs within sub populations of women of color by serving low income, high-risk women in the detox setting as well as middle class women that have no perceived risk in the hair salon setting. There are three issues that I routinely confront in my work with women that I'd like to bring to the Commission's attention: 1) middle class women are not perceived as being at risk for HIV/AIDS and therefore their needs are not addressed in prevention and outreach services; 2) comprehensive services within the detox setting are needed to improve successful detox outcomes and 3) middle class women of color need culturally accessible, culturally competent healthcare to meet their healthcare needs.

Middle Class Women at Risk for HIV/AIDS Are Being Ignored

Middle class women of color are not provided sufficient prevention services when it comes to programs for HIV/AIDS. Prevention and services are frequently focused on high-risk women of color, such as sex workers and drug users. Women of color who do not fall into either of these risk categories are offered little to no prevention services. More times that not, working women represent this group. Women who do not receive HIV education about disproportionate HIV infections rates do not realize their own risks. More than half, 55%, of Black women recently diagnosed with HIV, 42% of report no known risk factors. This is the largest percentage of women recently diagnosed. It is apparent that there are prevention opportunities we are missing, especially among women of color. We need to reach middle class women of color in our prevention and outreach services. We need develop and fund programs that address the HIV education needs of middle class women of color.

In addition, middle class women of color who pay out of pocket for their health care should be receiving HIV/AIDS education within their healthcare settings and they are not. Women of color who present themselves as either married or monogamous to physicians are not offered HIV testing or education material. Often time physicians are not aware of the disproportionate way in which women of color are affected by HIV and AIDS and are not prepared to address the needs of the patient adequately. The disparate impact of HIV on women of color is devastatingly clear: the rate of HIV diagnosis is 40 times greater the disparate impact of HIV on women of color is devastatingly clear: the rate of HIV diagnosis is 40 times greater for Black women and 21 times greater for Hispanic women than for white women in Massachusetts. Physicians and health care providers need more training on addressing disparities of disease and infection in women of color and providing culturally appropriate healthcare services. Physicians need to offer HIV tests to all women of color who are sexually active.

Additional Services for Women in Detox: Longer Bed Times and Comprehensive Services are Needed

Most women of color are being treated in detox facilities for crack cocaine. Being treated for crack cocaine only allows for a maximum stay of 2-3 days which makes it difficult for a woman to successfully detox. HIV education sessions are held at local area detoxes through the R.I.S.E. program and due to such short bed times, most women of color miss out on the education session due to fatigue from being on the streets. As a result, these women miss out on critical HIV prevention and harm reduction tools and information that can be life saving. With high recidivism rates in the local area detoxes, more can be done to support women so that they receive the appropriate care, support and time they need to detox in order to stay sober.

Moreover, when a woman enters into detox, more often than not, getting clean from her drug of choice is her first, but certainly not her only need. Often she also has to deal with stabilizing housing, legal matters, and finding employment. Comprehensive services are needed so that issues that will impact the success of getting and staying clean can be addressed. Currently the R.I.S.E. program offers onsite HIV counseling and testing at the CAB health and recovery detox which has been extremely successful and several women

test for HIV every week through this collaboration. Most women admit that having the HIV testing on-site helps them to take advantage of the service. Overall, longer bed times combined with comprehensive health and social services will reduce the recidivism rate of women and improve health delivery systems here in the state of Massachusetts.

Finally, clients regardless of their ability to pay should be treated with respect and should receive treatment in facilities that support their recovery in its entirety. Clients who do not receive quality care within the detox setting may not be encouraged to continue recovery and may relapse as a result. Providers within the detox setting need to be trained and evaluated on a regular basis to make sure that they are meeting standards of care practices for their patients.

Accessible, Culturally Competant Healthcare Facilities for Women of Color
Right now in the inner cities of Boston, there is no place for working women of color who pay for health insurance to receive the healthcare they need in a culturally accessible, culturally competent environment. Women who pay for their health insurance do not want to receive care from Community Health Centers that serve people who do not pay out of pocket for their care. A woman of color who is working and caring for there family may have a difficulty finding time in her busy life to access medical care because the doctor may be 20-30 minutes away a few towns over. Additionally, she may put off going to the doctor because she feels that when she does go, she is confronted with a physician who does not look or sound like someone she can relate to. Routine communication feels labored and difficult-relating the critical details of her life that may impact her health status feels impossible. Physicians and providers within the healthcare setting need to be educated on the disparities in healthcare and apply this knowledge to the women of color that are served within their facilities. High quality healthcare options need to be made available in the inner city to provide easier access for middle class woman of color.

Recommendations:

Provide HIV prevention and program services to middle class women of color
Work with local AIDS Service organizations and Community Based organizations on program design to provide HIV prevention and education services for women of color. Programs should focus on developing HIV prevention intervention and education in areas that middle class women of color assemble including hair salons, Laundromats and grocery stores. Evaluate programs outcomes to determine success. Healthcare disparity information needs to be available in all medical setting that serve women of color. HIV testing needs to be provided in all women of color if they are sexually active regardless of their relationship status.

Continue to increase substance use funding and build in wrap-around services to make substance use care comprehensive
Work closer with Detox facilities to maintain a standard of care. Detoxes should build collaborations with community based organizations and other social service providers to ensure comprehensive care and to establish relationships to provide on-site health care and social service needs.

Provide quality medical care options in the inner city for middle class women
A community advisory board needs to be formed that represents self identified working class women of color. This community advisory group would be responsible for collecting information from community members about the best ways in which to bring quality health care in their back door. The community advisory group can also meet with other entities to hold inform services and programs targeted to middle class women of color. Build healthcare facilities for women of color in or near the communities in which after work clinical hours, childcare options and quality affordable culturally appropriate food options for the mother and her children. Doctor and Staff should be trained, and most desirably, healthcare professionals of color will be hired to meet the cultural needs of the women being served.